

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32327

State File No.

FILED OCT 7 1952

BIRTH NO.		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>3045</u>		Registrar's No. <u>67</u>	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u> c. LENGTH OF STAY (in this place) <u>75 Years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, Charleston, Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u> d. STREET ADDRESS (If rural, give location) <u>201 South Center St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula</u> b. (Middle) <u>Dermon</u> c. (Last) <u>Orr</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>September, 7, 1952</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>February, 28, 1856</u>		9. AGE (In years last birthday) <u>96</u>		10. IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Fred Dermon</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Elvie F. Orr, Mayfield, Ky.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Sept 7, 1952</u> , to <u>Sept 7, 1952</u> , and that death occurred at <u>8:20P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. Chas. Salwing M.D.</u> (Degree or title)				23b. ADDRESS <u>Charleston Mo</u>		23c. DATE SIGNED <u>9/12/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>9/15/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>F.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9/30/52</u>		REGISTRAR'S SIGNATURE <u>Miss Sam Little</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John P. ...</u>		ADDRESS <u>The ... Funeral Chapel, Charleston, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

672

OCT 1 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed OCT 6 1952

OCT 5 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John T. [Signature]

Licensed Embalmer No. 3851

P. O. Address Charleston, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.